



Business Site Review

To be completed by the session **facilitator**:

Name of business site visited: _____

Date of visit:

Were there adequate meeting facilities?
No ☐

Yes ☐

Did the business adequately address the items
outlined in the agenda?

Yes ☐ No ☐

Was there a tour of the facility?

Yes ☐ No ☐

Please summarize the participants
evaluations:

5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

Would you recommend this business site
for future Building Bridges sessions?
No ☐

Yes ☐